

**UUA District Presidents Association
EXPENSE VOUCHER**

(Revised -10/06/2011)

PLEASE MAKE CHECK PAYABLE TO:

**SEND TO:
ADDRESS:
PHONE NUMBER:
E-MAIL ADDRESS:**

IN REGARD TO MEETING OF: DPA Fall Meeting
HELD AT: Boston, MA
DATE: November 3 to 6

FOR THE FOLLOWING EXPENSES:

TRAVEL: Bus, Train, Plane _____
Car - _____ mi. x **14c per mile** _____
Tolls (no receipts required under \$15) _____
Taxi, Limo, etc..... _____
Parking..... _____

FOOD & TIPS (no alcohol): _____

LODGING: _____ nights x \$ _____ per night _____

TELEPHONE or TELECON _____

MISCELLANEOUS (Please detail): _____

TOTAL EXPENSES: \$ =====

Less amount donated (tax deductible) (_____)

TOTAL Reimbursement Request \$ =====

X _____
YOUR signature

X _____
Date signed

PLEASE send completed form with all information, receipts & signature to:

Jim Key, DPA Treasurer, 51 Petigru Drive, Beaufort, SC 29902

**IMPORTANT: Expenses should be submitted within 2 months for reimbursement.
All receipts should be attached (except mileage) when submitting this form.**